

A TRAUMA-INFORMED Agency Response to COVID-19



"Untreated trauma is the underbelly of violence" - Dr. Denese Shervington¹

I. Introduction

In December 2019, the Centers for Disease Control and Prevention (CDC) confirmed the first case of novel coronavirus (COVID-19) in the United States. As the number of confirmed positive COVID-19 cases and related deaths rose in the United States, so did the number of Americans who were in critical need of resources and human services—some for the first time. As a consequence, individuals, families, and communities have been exposed to an unprecedented amount of trauma. CAAs who are first responders in local communities, providing critical resources to those in crisis also face a significant threat to their well-being due to trauma.

II. The Issue

Given the invaluable role that CAAs are playing in their communities in light of COVID-19, it is of critical importance for Community Action to ensure its work is grounded in a firm commitment to address and respond to trauma. Simply stated, **trauma** is “the result of an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functions and physical, social, emotional, or spiritual well-being.”² From the sudden loss of income, to heightened food insecurity, to even the simple disruptions to everyday schedules, the COVID-19 pandemic is inflicting both individual and collective trauma. It may be tempting to imagine that these types of issues are being acutely experienced only by those outside

the doors of CAAs, but the reality is that CAA staff are also navigating immense levels of hardship during this time.

Front-line staff are uniquely susceptible to high levels of trauma through the very nature of their work. Research is beginning to show that organizations function more effectively when organizational policies and practices clearly recognize that staff also experience trauma. Human services professionals, in particular, face a high risk of experiencing **compassion fatigue**: “an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper”.³

III. Innovations

Compassion fatigue and other forms of trauma experienced by staff can be addressed through intentional changes in physical space, organizational culture and workplace policies. CAAs should consider the following strategies to address the impacts of trauma on staff:

Connect staff with mental health and trauma professionals. Human service professionals that are serving on the frontlines of the COVID-19 pandemic are wrestling with their own fears and anxieties as they provide

essential services. As the immediate crisis subsides and shifts to longer-term recovery, the healing process begins. A shift in staff behavior may occur that directly affects the productivity of the agency. Staff may call out sick with very little notice or find new employment. This need to distance oneself from a setting that is directly connected to fear and anxiety is a healthy and natural response. It is the responsibility of CAAs to present itself as a non-judgmental space that is invested in the healing of their staff.

A great way to ensure that staff have what they need to be centered and healthy is to connect them with mental health professionals. One of the most devastating effects of emotional distress is that it can go completely unseen in this new virtual environment. Social isolation is real, even for those who are spending their working hours providing support and encouragement for others. One of the greatest investments to make in your staff for this moment is allow them space to prioritize their mental health, relationships, and overall emotional wellbeing. Consider contracting with therapists and Licensed Clinical Social Workers to provide counseling to staff.

Partner with mental health and trauma professionals to support customers. Many CAAs are reporting success in engagement with clients through this approach. [The Improvement Association \(TIA\)](#) and [Hampton Roads Community Action Program \(HRCAP\)](#) in Virginia, for example, has contracted with Licensed Clinical Social Workers to provide counseling for families enrolled in their whole family approach initiative. Parents join into Peer Support Groups as well as individual counseling via Zoom. Supports like this have been critical for families during this period of social distancing and provide an excellent case study for applying this approach within the doors of our agencies. This also buffers the impact of trauma on staff who are supporting families in navigating complex realities.

Use technology to cultivate a sense of connection amongst staff. Despite newly-found physical distance from colleagues, agency are continuing to find innovative ways to connect across programs to ensure that families and individuals receive the seamless support that they need during this critical moment. This substantial investment

in technological capacity also provides the opportunity to develop new ways to foster a sense of connection and commitment across all levels of the organization. Examples for staff engagement to promote belonging include virtual staff retreats, meditation, fitness, and happy hour event. [Aroostook County Community Action Program \(ACAP\)](#) in Maine has found a number of ways to build rapport with staff since the height of the pandemic. Since mid-March, ACAP team members have received a daily COVID-19 response recap email from their Executive Director. In addition to highlighting tips for individual reflection and self-care, it also includes accomplishments from the agency's 40+ programs and growing number of clients served since the start of the pandemic. Showing staff that their work is valued, and making an impact plays a huge role in morale and self-esteem under normal circumstance; providing this recognition for staff during this time of intensified stress and anxiety is critical for reducing burnout and compassion fatigue.

Conduct an organizational trauma assessment to establish a baseline of understanding and addressing trauma. The widespread impacts of COVID-19 in the lives of staff means that there will likely be many conceptions of what this trauma looks and feels like, and even more ideas on how to effectively address it. Conducting an organizational assessment can be a useful tool to open the doors for more courageous conversations with staff on what they need to be healthy individuals and happy helpers in this difficult time. In addition to helping to establish a common definition of trauma for your organization, an organizational assessment can also help staff understand that trauma is something that impacts everyone. When staff view themselves as thriving survivors of the trauma that they are weathering in this public health crisis, it will inspire them to recognize the same in their customers. Organizational assessments are a key resource to help shift the service delivery paradigm from “*what’s wrong with you?*” to “*what happened to you?*” Here are some ways that organizations can coordinate a trauma assessment:

- Ask staff to complete an organizational self-assessment that analyzes the various aspects of perceived office environment to determine if there are aspects of the

workload that are creating trauma for your staff (some recommended tools are provided in the resources section below)

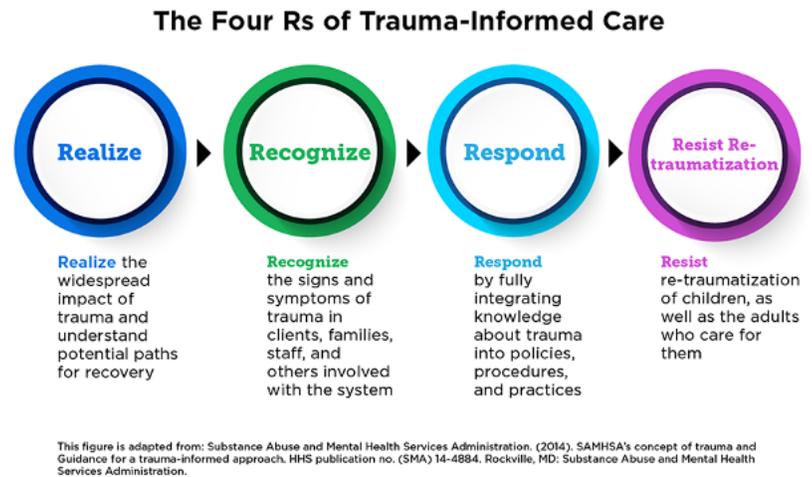
- Create a weekly wellness ratings survey for staff

and coordinate discussions between staff and their supervisors

- Simply ask staff to define “trauma” and what characteristics they would ascribe to a trauma-informed organization

IV. Conclusion

What allows an agency to be **trauma-informed** is its perception of trauma moving beyond simply utilizing clinical treatments, and instead is an intentional, organizational mindset and treatment framework that Realizes, Recognizes, and Responds⁴ to the various effects and manifestations of trauma for clients and staff alike. It is a continuous effort to shift the paradigm from “*what’s wrong with you?*” to “*what happened to you?*” – both within and outside your organization, enabling staff and customers to Resist re-traumatization.



Dym-Bartlett, Jessica. Steber, Kate. [How to Implement Trauma-informed Care to Build Resilience to Childhood Trauma](#). Child Trends, 2019.

V. Resources

Shervington, Denese. [Start With Yourself: Tools and Strategies for Coping With Stress and Trauma During the Pandemic](#). Community Action Partnership. Washington, DC: 2020

This webinar provides strategies for stress management and self-care tools for human service and social service providers. It details the importance of providing space for mindfulness amongst staff, by cultivating an environment focused on physical and emotional safety. By making space for staff to focus on themselves, it will inform the work that needs to be provided to traumatized customers and communities during this difficult time.

Shervington, Denese. [Coming Home To Self And Each Other During The Age Of COVID-19](#). Community Action Partnership. Washington, DC: 2020

This webinar entails an in-depth overview of concepts for practicing self-care during the COVID-19 pandemic. It details the different stressors that might be arising in the midst of the pandemic, coping strategies to reconnect with each aspect of self (mind, body, spirit, etc.) and outlines difference aspects of compassion fatigue that human service providers are likely experiencing during this time.

Halladay Goldman, J., Danna, L., Maze, J. W., Pickens, I. B., and Ake III, G. S. [Trauma-Informed School Strategies during COVID-19](#). National Center for Child Traumatic Stress. Los Angeles, CA, and Durham, NC: 2020

This report provides trauma-informed school strategies in response to COVID-19. It specifically details information on the physical and emotional well-being of staff, creating a trauma-informed learning environment, identifying and assessing traumatic stress, addressing and treating traumatic stress, trauma education and awareness, partnerships with students and families, cultural responsiveness, emergency management and crisis response, and school discipline policies and practices.

Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. [COVID-19: Teaching from a Trauma Informed Perspective](#). Howard University. Washington, DC: 2020

Two faculty members from the Howard University School of Education join a licensed educational mental health therapist for a virtual panel conversation on how educators and parents can teach from a trauma-informed perspective, amid widespread distance learning guidelines in response to COVID-19.

Menschner, Christopher. Maul, Alexandra. [Strategies for Encouraging Staff Wellness in Trauma-Informed Organizations](#). Center for Health Care Strategies, 2016.

Human service providers can address patients' traumatic experiences and their associated health effects by implementing trauma-informed approaches to care. Securing time and resources for staff wellness is one essential element to trauma-informed care, because supporting staff well-being helps them provide high quality care. This brief outlines the impact of chronic work-related stress and provides examples of two organizations that prioritize staff wellness.

Johnson, Karen. [Trauma-Informed Care and the Focus on Staff](#). National Council for Behavioral Health, 2016.

This webinar details the importance of providing self-care opportunities for staff. It details how the effects of working in behavioral health and human services can take its toll, and that working in a trauma-informed way requires focus, self-awareness, and positive energy. As a result, a true trauma-informed approach prioritizes taking care of employees, each other and ourselves. Specific resources include defining compassion fatigue, secondary traumatic stress, vicarious trauma and burnout, steps to pursue to move from compassion fatigue to compassion satisfaction, and how prioritizing self-care can strengthen the quality of the services that your organization is able to provide.

Additional Information

[National Child Traumatic Stress Network](#)

[National Association of School Psychologists](#)

[National Association of Social Workers](#)

[Substance Abuse and Mental Health Services Administration](#)

[Addressing Grief: Tips for Teachers and Administrators](#) - National Association of School Psychologists

[Care for Caregivers: Tips for Families and Educators](#) - National Association of School Psychologists

[Coping in Hard Times: Fact Sheet for Community Organizations and Leaders](#) - National Child Traumatic Stress Network

The Community Action COVID-19 Resource Series

1. Applying the Equity Lens to COVID-19 Response and Recovery
2. A Trauma-Informed Agency Response to COVID-19
3. Applying Lessons Learned from Past Crisis Responses
4. Technology Innovations in Response to COVID-19 Service Delivery and Recovery
5. Leveraging Partnerships in COVID-19 Response and Recovery
6. Whole Family Approach Responses to COVID-19

¹ Dr. Denese Shervington, in a 2018 interview with the Times-Picayune

² Center of Excellence for Integrated Health Solutions, Funded by Substance Abuse and Mental Health Services Administration, Operated by the National Council for Behavioral Health, 2020, <https://www.integration.samhsa.gov/clinical-practice/trauma>.

³ Compassion Fatigue Awareness Project, 2020, <https://compassionfatigue.org/>.

⁴ SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach*, Prepared by SAMHSA's Trauma and Justice Strategic Initiative, HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, July 2014, https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf.

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